

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

ARCHITECT SECTION

ARCHITECT APPLICANT APPRAISAL FORM

APPLICANT: ARCHITECT	
Type or print name of applicant	Birthdate

The applicant named above has applied for registration as an architect in the State of Wisconsin. To assist the board in reviewing the applicant, we would appreciate your appraisal of the applicant's proficiency as requested below and on the back of this form.

- I know this applicant: ☐ - very well ☐ - well ☐ - slightly ☐ - not at all
- My contacts with the applicant extend from _____ to _____.
- These contacts were (check all that apply):
☐ - As an associate in architectural work ☐ - As a student in my classes
☐ - In social or community activities ☐ - In professional society activities
☐ - Other (specify) _____
- I am familiar with the applicant's work at _____ (name of company)
- Describe the principal duties performed by the applicant _____

To assist the Board in evaluating this applicant, please indicate whether the applicant has had experience in each of the practice areas by placing an "X" in one of the three areas listed: Yes, No or UK (unknown).

- | | Yes | No | UK | |
|-----|--------------------------|--------------------------|--------------------------|---------------------------------------|
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Programming, including client contact |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Site and environmental analysis |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schematic design |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Building cost analysis |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Code research |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Design development |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction documents |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Specifications and materials research |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Documents checking and coordination |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bidding procedures |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction phase: Office |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction phase: Observation |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Office procedures |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Professional activities |

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20. List any other areas of architectural practice which in your opinion provided the applicant with a knowledge of architectural principles and data equivalent to that which would be acquired by experience in the areas of practice listed above.

21. Describe related activities, such as teaching, research, construction or community services that the applicant has had.

22. Provide information you have of the applicant's experience in the design and construction of buildings, including:

- (a) Dates work performed: _____

- (b) Where work was performed: _____

- (c) Name of supervisor: _____

- (d) Any other information or knowledge you have of this applicant that would assist the board in determining the applicant's competency to practice architecture. (Attach additional sheets if necessary.)

23. In my opinion, considered as a whole, this applicant is qualified to be licensed as an architect. ☐ Yes ☐ No

24. The above information is being submitted by:

Name (Type or Print)	
Firm	
Title/Position	
Address	
City/State/Zip	
Day Phone	
Signature	Date

Please affix seal or

write in where registered, type of
profession and registration number if
applicable